Frequency of Unexplained Somatic Symptoms Among Living Kidney Donors

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ABSTRACT

Background: living kidney donors (LKDs) are usually motivated by their willingness to save a near relative's life besides adopting altruistic attitude which reduce their concern about the risks of post-donation morbidity or mortality. They rarely express psychological suffering related to donation, with the possibility that this suffering takes an indirect pathway to be expressed such as via somatic complaints. objectives: To assess the prevalence of unexplained somatic symptoms among LKDs and the factors contributing to its existence. Subjects and methods: 50 LKDs who were almost related to their recipients. Both physical and psychiatric examination was done for them besides psychometric assessment with Middlesex Hospital Questionnaire (MSHQ). Results: 58% of donors (Ds) had somatic complaints, but only 16% had underlying physical causes for it and the other 42% were considered to have unexplained somatic symptoms (USSs). The mean score of Ds on the somatization subscale of MSHQ (7.12 ±3.67) was significantly higher than their mean score on other subscales. Females had higher score than males, and the current physical status of recipients rather than that of donors was the most influential on the degree of somatization. Conclusion: USSs are common among LKDs and seem to be a substitution for expressing anxious or depressive feelings. More psychological care –pre- and post-donation- should be afforded to living donors to avoid selection of risky subjects and to minimize the development of post donation conflicts.

The year 2004 marks the 50th anniversary of the first successful human-human kidney transplant, which was performed in 1954 in Boston, from a living donor to his identical twin. Since that time, concern was always given to the probability that unilateral nephrectomy may be associated with the development of kidney disease and premature death among donors. Although experimental animal studies have produced conflicting results, numerous clinical studies with up to 30 years of follow-up have shown no significant long-term adverse effects of living kidney donation (Braha, 2004). Theprogressive advance in investigations has faciiitated safest selection procedures of donors, as far as possible, with secondary improvement in the outcome of kidney donation. A further sequence of this improvement was an emerging over-concern about the psychological impact of donation. SantaCruz (2001) stated that for many years, both the medical profession and society have agreed that the use of organs from living donors is justified by the psychological benefit to the donor, who experiences the altruistic satisfaction of having assumed a risk in order to help another person. Also, Jacobs (2000), emphasized on the balance that should be considered between physical risk and the psychological benefits to the donor Vs the benefits to the recipient. However, there are always ethical concerns regarding the use of living donors which include subjecting a healthy person to the risks of a major operation and the loss of a kidney, the loss of income for the donor, the unknown outcome for the recipient and the guilt felt by the donor or recipient should the other die (Braha, 2004). It was said that thorough pre-operative screening is necessary to uncover any psychological problems, but one cannot always be sure how one will react when under such emotional strain as transplantation (Russell and Jacob, 1993). Also, Morris et al (1987) found that past psychiatric history did not affect the outcome. In Fox and Swazey' view (1974), some donation problems stem from the idea of "gift exchange", and that gifting is often associated with giving and receiving, or repayment, but in the context of organ donation, this sociocultural norm becomes broken, leaving a certain imbalance in the relationship (Russell and